

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 10, 2003 8:00 am**  
**Secretary of State**

01-10-2003 90108 044 \*\*\*158.75

DOCUMENT # P97000045896

1. Entity Name  
INNOVATIVE DEVELOPERS OF NAPLES, INC.



5710 12th Ave S.W

Principal Place of Business  
5710 12TH AVENUE SOUTH WEST  
NAPLES FL 34116

Mailing Address  
5710 12TH AVENUE SOUTH WEST  
NAPLES FL 34116

2. Principal Place of Business

3. Mailing Address

5710 12th Ave S.W

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples FL

City & State

Naples FL

Zip

Country

U.S.A

Zip

Country

U.S.A

4. FEI Number 65-0756186

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALICE, MEIR  
5710 12TH AVENUE SOUTH WEST  
NAPLES FL 34116

Name MEIR ALICE

Street Address (P.O. Box Number is Not Acceptable)

5710 12th Ave S.W

City Naples

FL

Zip Code

34116

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Meir Alice*

(NOTE: Registered Agent signature required when reinstating)

DATE

1/8/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME ALICE, MEIR  
STREET ADDRESS 5710 12TH AVENUE SOUTH WEST  
CITY-ST-ZIP NAPLES FL 34116 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Meir Alice* MEIR ALICE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/02 (239) 354-0596

CR2E034 (10/02)